California State University, Long Beach

**DEPARTMENT OF Communication Studies**

1250 Bellflower Boulevard-MS 2009, AS-309

Long Beach CA 90840-2009

PH: 562-985-4301

**CONFIDENTIAL RECOMMENDATION ON APPLICANT**

**To the applicant**: Under the Federal Law entitled "The Family Educational Rights and Privacy Act of 1974" students

have the right to inspect their records. This includes letters of recommendation. While we shall consider all letters of

recommendation carefully, we believe that in many instances letters written in confidence in the long run are of

greater utility in the assessment of a student’s qualifications, abilities, and promise.

The letters of recommendation you submit will be used only for the purpose of assessing your application for

admission and will be destroyed at the conclusion of the admission review cycle. We invite you, therefore, but do not

require you, to sign the following waiver designated by 1. You may, however, expressly decline to do so by signing 2.

1. I expressly waive any rights I might have to access to this letter of recommendation under The Family Educational

Rights and Privacy Act of 1974, and any other law, regulation or policy. I understand that I am not required to waive my right to access these materials as a condition of receipt of any service or benefit provided by the campus.

Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.  I do not agree to the waiver above.

Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**To the recommender:**

The reverse side of this form is intended solely for your convenience.  Its use is optional.  If you prefer to write in a freer manner you may attach your own letter.  Before you agree to submit a recommendation, whether on this form or on your own stationery, please review the reference to the Federal Law entitled "The Family Educational Rights and Privacy Act of 1974" as presented above in our instructions "to the applicant".

Evaluator Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How well do you know the applicant? (please mark the appropriate description)**

Very Well (contact with applicant both in and outside the classroom)

Better than I know the average student (contact in smaller classes, seminars)

As well as I know the average student (usual contacts in classes)

* Not very well (contact in large classes but not large enough to exclude some contact or knowledge of the student)
* Not at all (contact in classes too large to afford an opportunity to be very familiar with the student’s work)

I have served as the candidate’s (circle one or more as appropriate):

Major Advisor Department Chair Teacher Other (specify):

**Please indicate the strength of your recommendation by selecting one of the following options**:

\_\_\_\_ Recommend Enthusiastically \_\_\_\_Recommend with Confidence \_\_\_\_\_Recommend

\_\_\_\_Recommended with Reservation \_\_\_\_\_Not Recommended

**Please rate the applicant compared to his/her peers on the following abilities and traits.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Top 1-2% | Top 5% | Top 10% | Top 25% | Top 50% | Lower 50% | Unable to Rate |
| Knowledge in subject of proposed study |  |  |  |  |  |  |  |
| Ability to grasp new concepts  |  |  |  |  |  |  |  |
| Problem-solving ability  |  |  |  |  |  |  |  |
| Personal integrity |  |  |  |  |  |  |  |
| Motivation, drive and initiative |  |  |  |  |  |  |  |
| Demonstrated professional competence  |  |  |  |  |  |  |  |
| Written expression in English |  |  |  |  |  |  |  |
| Oral expression English  |  |  |  |  |  |  |  |
| Perseverance toward goals |  |  |  |  |  |  |  |
| Ability to get along with others  |  |  |  |  |  |  |  |

**Some gifted individuals demonstrate comparatively low achievement in scholastic records. In your opinion, is the applicant's scholastic record, as you know it, an accurate index of her or his scholastic ability?**

 **\_\_\_\_ yes \_\_\_\_ no**

If you answered “no,” please explain in the space provided below

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| --- |
|  |